This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>Region</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live births (2017)</td>
<td>1,230</td>
<td>99,108</td>
<td>646,794</td>
</tr>
<tr>
<td>Children aged 0 to 4 years (2017)</td>
<td>6,600</td>
<td>533,200</td>
<td>3,384,900</td>
</tr>
<tr>
<td>Children aged 0 to 19 years (2017)</td>
<td>27,900</td>
<td>2,156,600</td>
<td>13,169,100</td>
</tr>
<tr>
<td>Children aged 0 to 19 years in 2027 (projected)</td>
<td>27,800</td>
<td>2,272,400</td>
<td>13,904,800</td>
</tr>
<tr>
<td>School children from minority ethnic groups (2018)</td>
<td>1,217</td>
<td>305,158</td>
<td>2,544,753</td>
</tr>
<tr>
<td>School pupils with social, emotional and mental health needs (2018)</td>
<td>472</td>
<td>30,591</td>
<td>193,657</td>
</tr>
<tr>
<td>Children living in poverty aged under 16 years (2016)</td>
<td>18.8%</td>
<td>12.9%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Life expectancy at birth (2015-2017)</td>
<td>Boys 79.8</td>
<td>Girls 83.6</td>
<td>79.6</td>
</tr>
</tbody>
</table>

Key findings

Overall, comparing local indicators with England averages, the health and wellbeing of children in Isle of Wight is mixed.

The infant mortality rate is similar to England with an average of 4 infants dying before age 1 each year. Recently there have been 2 child deaths (1-17 year olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is similar to England, with 55 girls becoming pregnant in a year.
- 14.5% of women smoke while pregnant which is worse than England.
- 66.4% of mothers initiate breastfeeding, which is worse than England. By 6 to 8 weeks after birth, 47.2% of mothers are still breastfeeding, which is better than England.
- The MMR immunisation level does not meet recommended coverage (95%). By age two, 87.7% of children have had one dose.
- Information on the percentage of 5 year olds with decayed, filled or missing teeth is not available for this area.
- Levels of child obesity are similar to England. 8.4% of children in Reception and 20.0% of children in Year 6 are obese.
- The rate of child inpatient admissions for mental health conditions at 187.6 per 100,000 is worse than England. The rate for self-harm at 453.3 per 100,000 is similar to England.

There were 31 emergency admissions of children because of asthma in 2017/18. This gives a rate which is better than England.

Over a three year period, 22 children were killed or seriously injured on the roads. This gives a worse rate than England.
Childhood obesity

These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Isle of Wight with its statistical neighbours, and the England average. Compared with the England average, this area has a similar percentage of children in Reception (23.3%) and a similar percentage in Year 6 (33.4%) who have excess weight.

**Children aged 4-5 years who have excess weight, 2017/18 (percentage)**

**Children aged 10-11 years who have excess weight, 2017/18 (percentage)**

Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese. \[\text{indicates} \ 95\% \ \text{confidence interval.}\]

Young people and alcohol

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing, and this is also the case in Isle of Wight. The admission rate in the latest period is worse than the England average.

**Hospital admissions of children and young people for conditions wholly related to alcohol (rate per 100,000 population aged 0-17 years)**

Young people's mental health

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing. This is not the case in Isle of Wight where the trend is decreasing. The admission rate in the latest pooled period is similar to the England average*. Nationally, levels of self-harm are higher among young women than young men.

**Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)**

*Information about admissions in the single year 2017/18 can be found on page 4
These charts compare Isle of Wight with its statistical neighbours, and the England and regional averages.

**Teenage conceptions in girls aged under 18 years, 2016 (rate per 1,000 female population aged 15-17 years)**

In 2016, approximately 24 girls aged under 18 conceived, for every 1,000 girls aged 15-17 years living in this area. This is higher than the regional average (approximately 15 per 1,000). The area has a similar teenage conception rate compared with the England average (approximately 19 per 1,000).

**Chlamydia detection, 2017 (rate per 100,000 young people aged 15-24 years)**

Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2017, the detection rate in this area was 1,489 which is lower than the minimum recommended rate.

**Breastfeeding at 6 to 8 weeks, 2017/18 (percentage of infants due 6 to 8 week checks)**

66.4% of mothers initiate breastfeeding, which is worse than England. By 6 to 8 weeks after birth, 47.2% of mothers are still breastfeeding, which is better than England.

**Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2017/18 (percentage of eligible children)**

Less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (87.7%). By the age of five, only 81.1% of children have received their second dose of MMR immunisation.
The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

**Notes and definitions**

1. Mortality rate per 1,000 live births (aged under 1 year), 2015-2017
2. Directly standardised rate per 100,000 children aged 1-17 years, 2015-2017
3. % children immunised against measles, mumps and rubella (first dose by age 2 years), 2017/18
4. % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2017/18
5. % children in care with up-to-date immunisations, 2018
6. % children achieving a good level of development within Early Years Foundation Stage Profile, 2017/18
7. GCSE attainment: average attainment 8 score, 2017/18
8. GCSE attainment: average attainment 8 score of children in care, 2017/18
9. 16-17 year olds not in education, employment or training, 2017/18
10. First time entrants to the youth justice system, 2017/18
11. Children in low income families (under 16 years), 2016
12. Family homelessness, 2017/18
13. Children in care, 2017/18
14. Children killed and seriously injured (KSI) on England’s roads, 2017/18
15. Low birth weight of term babies, 2015-2017
16. Obese children (4-5 years), 2015-2017
17. Obese children (10-11 years), 2015-2017
18. Children with one or more decayed, missing or filled teeth, 2017/18
19. Hospital admissions for dental caries (0-5 years), 2017/18
20. Under 18 conceptions, 2017/18
21. Teenage mothers, 2017/18
22. Admission episodes for alcohol-specific conditions - under 18s, 2017/18
23. Hospital admissions due to substance misuse (15-24 years), 2017/18
24. Smoking status at time of delivery, 2017/18
25. Breastfeeding initiation, 2017/18
26. Breastfeeding prevalence at 6-8 weeks after birth, 2017/18
27. A&E attendances (0-4 years), 2017/18
28. Hospital admissions caused by injuries in children (0-14 years), 2017/18
29. Hospital admissions caused by injuries in young people (15-24 years), 2017/18
30. Hospital admissions for asthma (under 19 years), 2017/18
31. Hospital admissions for mental health conditions, 2017/18
32. Hospital admissions as a result of self-harm (10-24 years), 2017/18

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure*

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.